,	PATENT APPLICATION FEE DETERMINATION RECO									Application or Docket Number					
Effective November 10, 1998										1010	04	EE8	1		
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALI TYPE	ENTITY	OR	OTHER	R THAN ENTITY		
FOR			NUMB	ER FILED	NUM	NUMBER EXTRA		Г	RATE	FEE	٦¨	RATE	FEE		
BASIC FEE								NA STATE		380.00	OR		760.00		
TOTAL CLAIMS			2	minus	20= *	6			X\$ 9=		OR	X\$18=	108.		
INDEPENDENT CLAIMS			5	minus	s 3 = *	5	' 4		X39=		٦,,	XXX 6	172.		
MULTIPLE DEPENDENT CLAIM PRESENT							H			OR		1100			
* If the difference in column 1 is loss than your color #07 in column 2								' L	+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2								•	TOTAL		OR	TOTAL			
6	6/21/05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		REMA AF	UMS UNING TER DMENT		HIGHES NUMBE PREVIOU PAID FO	R PI	RESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	.20	0	Minus	-26	2 =	X		85	,	OR	50	Ø		
	Independent	TATIO	N OF M	Minus	DENIDENT	=	0		100		OR	200	Ø		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							Ţ.	180.		OR	36€	Ø		
								AD	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	D		
(Column 1) (Column 2) (Column 3)															
AMENDMENT B		REMA AF	IMS INING TER DMENT		HIGHES NUMBE PREVIOU PAID FO	R PE	RESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*		Minus	**	-		,	X\$ 9=		OR	X\$18=			
	Independent FIRST PRESE	*	V OF MI	Minus	PENDENT C	= MIA E		7	X39=		OR	X78=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								130=		OR	+260=			
	A								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	4		
(Column 1) (Column 2) (Column 3)								700	LE			NUVII, FEE			
AMENDMENT C		CLA REMA AFT AMEND	INING ER		HIGHES NUMBEI PREVIOUS PAID FO	R PR	ESENT EXTRA	F	RATE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NON	Total	n		Minus	**	=		X	(\$ 9=		OR	X\$18=	<u> </u>		
ME	Independent	*		Minus	***	=		-							
*	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L^	(39=		OR	X78=				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.*

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875

(Rev. 11/98)

OR

+130=

+260=

TOTAL ADDIT. FEE